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Message from the President

Roxanne McDaniel, PhD, RN

Duties of the Board of Nursing

The Missouri State Board of Nursing approves individuals for licensure, approves educational programs for nurses, investigates complaints concerning licensees' compliance with the law, and determines and administers disciplinary actions in the event of proven violations of the Nurse Practice Act.

We often receive questions on why the Board doesn't do particular things. Some of those things are regulation of BSN completion and advanced practice registered nurse programs, position statements on practice issues and workforce studies, to name a few. The Board is an administrative agency of the State of Missouri, a governmental, regulatory body responsible for enforcing the law regulating the practice of nursing in order to protect the health, safety, or welfare of a patient or the public. You may access the law at the Board's web site: <http://pr.mo.gov/nursing>. You can find a list of those duties in Section 335.036 of the Revised Statutes of the State of Missouri.

Under our Constitution there are three branches of government: the legislative branch which makes the laws; the judicial branch which interprets the laws; and the

executive branch which executes or carries out (enforces) the laws. The Board of Nursing as an administrative agency of the state enforces the **law regulating the practice of nursing** (usually referred to as the Nurse Practice Act) which was passed by the Legislature.

Fees and License Renewals

The Missouri State Board of Nursing operates on fees collected from licensees and applicants. RNs renew every two years in odd-numbered years and LPNs renew every two years in even-numbered years. Since there are more RNs than LPNs, the Board receives more revenue in odd-numbered years than in even-numbered years. The RN renewal cycle is February to April. The LPN renewal cycle is March to May. When determining revenue and expenses, we have to plan to have enough reserve in the fund to pay expenses until the revenue from renewal fees is received.

State statute 335.036.4, RSMo, basically says that the fees collected by the Board will stay in the Board of Nursing's account as long as the fund balance at the end of the fiscal year is less than two times the amount of the appropriation from the preceding fiscal year if licensees

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Executive Director's Report

Authored by Lori Scheidt, Executive Director

Legislative Update

The 2014 legislative session of the Missouri General Assembly ended Friday, May 16, 2014. Governor Nixon has until Monday, July 14, 2014, to approve or veto enacted bills. You can check the final disposition of bills and read the actual language at <http://moga.mo.gov/>

Social Security Numbers on License Renewals

Senator Wayne Wallingford (R-District 27) filed Senate Bill 528. Passage of this bill changes the Social Security number requirement. Under current law, every application for a renewal of a professional license, certificate, registration, or permit must contain the applicant's Social Security number. This bill states that an application for a professional license renewal only has to include a Social Security number in situations where the original application did not contain a Social Security number. After the initial application for license renewal, which includes a Social Security number, an applicant is no longer required to provide a Social Security number in subsequent renewal applications. This language was amended onto Senate Bill 808 and did pass.

Advanced Practice Registered Nurse Practice Bills

Representative Lyle Rowland (R-District 155) filed House Bill 1481 and Senator David Sater (R-District 29) filed Senate Bill 700. Passage of either of these bills would have modified the laws relating to advanced practice registered nurses

and collaborative practice arrangements. It would remove the geographic proximity requirement and indicate that the collaborating physician and APRN would maintain effective electronic communication. It would have indicated that the collaborating physician's review of the APRN's delivery of health care services may be done through review of electronic medical records. Finally, it would eliminate joint rulemaking authority between the board of nursing and board of registration for the healing arts except those related to prescribing controlled substances.

Representative Donna Lichteneger (R-District 146) filed House Bill 1491 and Senator Wayne Wallingford (R-District 27) filed Senate Bill 659. Passage of either of these bills would have modified the laws relating to advanced practice registered nurses and collaborative practice arrangements. It would also have granted the board of nursing the authority to license Advanced Practice Registered Nurses (APRNs).

None of these bills passed.

Advanced Practice Registered Nurses Ordering Restraints

Representative Jeanie Riddle (R-District 49) filed House Bill 1779. This bill allows advanced practice registered nurses in collaborative practice arrangements to make certain decisions regarding patient restraints. This bill did pass.

Nursing Workforce Analysis

Representative Chris Kelly (D-District 45) filed House Bill 1641. Passage of this bill would have allowed the

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Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (<i>MoSALPN</i>)	573-636-5659
Missouri Nurses Association (<i>MONA</i>)	573-636-4623
Missouri League for Nursing (<i>MLN</i>)	573-635-5355
Missouri Hospital Association (<i>MHA</i>)	573-893-3700

Number of Nurses Currently Licensed in the State of Missouri

As of June 30, 2014

Profession	Number
Licensed Practical Nurse	25,598
Registered Professional Nurse	99,546
Total	125,144



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renew annually or three times the appropriation if licensees renew biennially. This prevents the Board from charging excessive fees and also explains why renewal fees may fluctuate from year to year.

The Board of Nursing has engaged in preliminary discussions to change the expiration cycle of license renewals in an effort to even out the revenue stream and workload.

Nurses were required to renew annually until 1997 when Registered Nurses were first required to renew for a two year period. Licensed Practical Nurses began renewing for two years in 1998. License renewals have been every two years since that time.

Changes in Renewal Cycles Currently Being Explored

Option 1

- Continue renewals *every two years*, change expiration date to coincide with your birth month.
- If you were *born in an odd-numbered year*, your license would *expire in odd years* on the last calendar day of your birth month.
- If you were *born in an even-numbered year*, your license would *expire in even years* on the last calendar day of your birth month.

Option 2

- Change renewals to *every year*, change expiration date to coincide with your birth month.
- Licenses would expire each year on the last calendar day of your birth month

Two Year Renewals

Advantages

- Fund balance will stay at three times the appropriation level.
- Convenient for the nurse to renew every two years.
- More attractive to employer to check licenses every two years. (Note: we recommend use of eNotify at www.nursys.com which allows employers to always stay up-to-date regarding the status of nurses in their employment).

Disadvantages

- Fund balance fluctuates more with a 2-year renewal. If the fund balance gets above three times the appropriation, funds could be removed from the Board's account and placed in general revenue.
- Address changes and workforce information is less up-to-date.
- Harder to remember to renew every two years.
- Count of licensees is less accurate. (There may be licensees that do not plan to work the entire two years but keep the license current and don't make a change until near the expiration date)

Annual Renewals

Advantages

- Address changes and workforce information is more up-to-date.
- Easier to remember to renew on an annual basis.
- Fund Balance would be lower which reduces the likelihood that funds could be removed from the Board's account and placed in general revenue.
- Count of licensees is more accurate. (In the current renewal cycle, there may be those that retire from the profession but don't place the license on inactive or retired status until the license is near the expiration date)

Disadvantages

- Fund balance would be lower.
- More resources may be needed by employers to check status of nurses. (Note: we recommend use of eNotify at www.nursys.com which allows employers to always stay up-to-date regarding the status of nurses in their employment).

Your Input is Needed!

As you can imagine, a change to the cycle requires lots of planning. If the renewal cycle is changed, the first cycle to be impacted would be the Licensed Practical Nurses coinciding with the May 31, 2016 expirations followed by the Registered Nurses that will expire April 30, 2017.

We would like to hear from **you** if you have an opinion about a preference. Please send your comments to renewals@pr.mo.gov.



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Moments with Marcus

by Marcus Engel

Hi Missouri nurse friends! I'm Marcus Engel and I'd like to welcome you to the inaugural syndicated article for the Missouri Board of Nursing newspaper, "Moments With Marcus." First off, I'd like to thank the Board for giving me this opportunity. Each quarter, there will be a new article to (I hope) give you something thought provoking, inspirational or affirming.

So, I bet some of you are wondering... *who is Marcus and why do I want to spend a moment with him?* Fair enough. Here's a little introduction...

Disclaimer: I am not a nurse. That designation is saved for those of you who have devoted tons of time and effort to the art of healing. I am, however, passionate about supporting this sacred profession. Now you may be wondering, "why?" Again – good question! Bottom line: *Nurses are a huge part of why I am alive today.* Here's the cliff notes version.

I was born in St. Louis and spent my growing up years in High Hill, Missouri (if you're not sure – that's a wide spot on I-70 between Columbia and St. Charles).

While a freshman at Missouri State University, I was home for the weekend when, following a Blues hockey game, the car I was riding in was struck broadside by a drunk driver.

This crash crushed every bone in my face and left me permanently, totally and instantly blind. Through two years of rehab and recovery, some 350 hours of reconstructive facial surgery at Barnes-Jewish Hospital and a multitude of life changes, I remained committed to my goals of returning to college and recapturing life.

During my hospitalization, I witnessed some of the most compassionate and incredible care imaginable... and, of course, some that could have used a little uhh... fine tuning. You can't go through massive trauma and long term recovery without seeing first hand the good, bad and profound in patient care.

These experiences form the foundation of my work with nurses and health care professionals. As a speaker and author I've had the great fortune to speak to audiences of nurses around the nation. I've also written four books,

two of which are specifically for health care pros and are used by hospitals and nursing schools to help student (and veteran) nurses learn the "soft skills" that lead to a priceless patient experience. (*"The Other End Of The Stethoscope: 33 Insights For Excellent Patient Care"* and *"I'm Here: Compassionate Communication in Patient Care"*).

In 2012, I graduated with an M.S. from Columbia University in NYC. The degree is in an emerging field called Narrative Medicine.

My passion remains to inspire nurses to achieve excellence in patient care, as well as helping nurses fight compassion fatigue with reflective writing. We'll talk more about *Narrative Nursing* in upcoming articles.

For this introductory article, let's start at the beginning...

The night my bludgeoned body was pulled into the emergency department at Barnes, my world was filled with pain, terror and darkness. In the scattered moments of consciousness, the only comfort came from Jennifer.

Throughout those initial hours of hell, Jennifer never let go of my hand. Through exams, CT scans, X rays, blood transfusions, even when an orthopedic surgeon stood on the OR table and relocated my right hip – she never let go. Her simple human presence gave more comfort than narcotics, sleep and shock. Jennifer noticed the slightest changes in my consciousness and, when I would stir, she squeezed my hand and repeated the two most compassionate words any person can say to another: *"I'm Here."*

For 20 years, I've known nothing of Jennifer other than her first name. No idea of her last name, what position she held in the E.R., if she was still in health care or even still in Missouri.

Quite frankly, I even had to question my own memory. Major trauma and heavy narcotics could have easily blurred my recollections, right? Was Jennifer even real? If she was real, what are the chances she's still alive? Or still in health care? Or if she's truly the compassionate human presence I remember?

Then came January 2013. I was keynoting for Barnes-Jewish Hospital; the very institution that saved my life.

After one of my speeches, my client approached the stage and whispered words I will never forget:

"Marcus, we have a surprise for you... we found Jennifer."

I. Was. Speechless.

There, in tangible form, was Jennifer. Holding her hands again and finally being able to say, "Thank you" was one of the most amazing moments of my life.

Before I forget, there's an even cooler part to this story! The Hotness (AKA, my wife, Marvelyne) got a two-minute heads up this reunion would be taking place. In true Hotness fashion, she had her phone in hand... and captured the moment on video! Wanna see a speaker be speechless? Watch it at www.ImHereMovement.org.

Being reintroduced to Jenny sparked the *I'm Here Movement*; a 501 (c) 3 nonprofit with a single mission: *change the culture of care with two little words.*

Jennifer's words, "I'm here" have echoed in my mind for the last two decades. Simple human presence is the cornerstone of caregiving. We want to remind nurses everywhere of this simple and profound truth.

If you want to see the *Marcus meets Jenny* vid, learn about the awards named after my two most influential caregivers, Jennifer and Barb, or just see what we're about, please, PLEASE visit the site!

The night Jennifer held my hand and whispered, "I'm here, Marcus..." she was a 20-year-old patient care tech. Now? Jenny is an R.N. and the clinical nurse manager of the same surgical intensive care unit where I served my tour of duty.

It took me 20 years to say "thank you." I'd love for you to know that patients may not always be able to articulate their appreciation – but we carry your compassion in our hearts and souls...sometimes for decades. So from all patients like me to all nurses like you – "Thank you!"



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board of nursing to contract with a public institution of higher education or nonprofit corporation or association for the purpose of collecting and analyzing workforce data form its licensees. It would also require the contractor to maintain the confidentiality of the data. Additionally, it would create a fund and allow for a license surcharge of \$1 per year. This bill did not pass.

Assistant Physician Assistants and Collaborative Practice Rules

Representative Keith Frederick (R-District 121) filed House Bill 1842. Passage of this bill would have established provisions for licensing an Assistant Physician. It would have also removed the requirement that the board of nursing and board of registration for the healing arts jointly promulgate collaborative practice rules. The collaborative practice rules would be the same for advanced practice registered nurses, assistant physician assistants, physician assistants and nurses. This bill did not pass, however, Senate Bill 716 and Senate Bill 754 passed. Both those bills authorize the licensure of assistant physicians, who are medical school graduates who have passed certain licensure examinations but have not completed a medical residency. They will provide primary care services in medically underserved areas under a collaborative practice arrangement with a physician.

Vaccinations

There were a number of bills that passed related to vaccinations. Senate Bills 567, 754 and 716 expand the

mandate for meningitis vaccination. Senate Bills 808 and 716 expand pharmacists' ability to administer additional vaccinations under physician-approved protocols and codifies training, practice and reporting requirements for such vaccination. Senate Bills 716, 567 and 754 direct licensed hospitals to offer influenza vaccinations to the elderly during flu season.

Abortion Waiting Period

House Bill 1307 passed. It changes the required waiting period before a non-emergency abortion from 24 hours to 72 hours.

Hospital Pharmacies

Senate Bills 808 and 754 passed. Both bills revise the state's regulation of hospital pharmacies to reflect current practices and clarify and streamline regulatory jurisdiction for pharmacists and pharmacies. The Board of Pharmacy is authorized to inspect hospital pharmacy functions not overseen by the Department of Health and Senior Services and the two agencies may jointly develop standards for hospital pharmacists. The changes stem from negotiations of pharmacists and hospital and agency representatives and have been endorsed by the MHA Board of Trustees. The bills allow medication to be transferred from a newly-defined class B hospital pharmacy to a hospital clinic or facility for patient care without needing a drug distributor license. Passage of the bills also creates an advisory committee to review and make recommendations for regulatory standards for hospital pharmacies jointly developed by the Board of Pharmacy and the hospital licensure agency. And finally, the bills allow a pharmacist to label prescriptions using a unique identifier other than sequential numbering.

Your Role in the Legislative Process

Legislation impacts nursing careers, shapes health care policy and influences the care delivered to patients. Your education, expertise, and well-earned public respect as a nurse can allow you to exert considerable influence on health care policy. Nurses have been somewhat reluctant to do this in the past but you are in an excellent position to advocate for patients. Never underestimate the importance of what you have to say. As a professional, you bring a unique perspective to health care issues and often have intricate knowledge that helps provide insight for our legislators.

You should make your thoughts known to your legislative representatives. You can meet with, call, write or e-mail your legislators. Let your legislators know how to reach you, your area of expertise and that you are willing to give them information on issues related to nursing. You can find information about the status of bills and how to contact legislators at <http://moga.mo.gov/>

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Nurses on Guard: Patient Safety Through Hand Hygiene

Denise Benbow, MSN, RN, Nursing Consultant
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Good hand hygiene aligns with the standards of nursing practice as nurses have a vital role in preventing exposure to infectious pathogens that potentially contribute to healthcare acquired infections and thus promote patient safety. From hand washing with soap and water to hand hygiene including hand sanitizers and alcohol-based hand gels and rubs, the options related to hand hygiene have changed over time. Patient safety organizations have identified hand hygiene as a vital component of safe patient care.

In the nineteenth century, Florence Nightingale encouraged frequent hand washing using soap and water as part of promoting cleanliness. Infections in patients and spread of contagious conditions continued to be a significant risk for patients into the twentieth century and are still an issue today. Over time, the interventions related to combating infections have evolved, and infection control practices and policies have emerged to become an area of specialization.

Organizations, such as the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC), have issued and updated guidelines related to hand hygiene. Accreditation organizations, such as the Joint Commission (TJC), also have patient safety standards or National Patient Safety Goals (NPSG) related to hand hygiene.

The CDC Guidelines related to hand hygiene include information related to hand hygiene products and practices and provide recommendations for healthcare workers, including nurses, who provide care to patients in a variety of healthcare settings. As various hand hygiene products are studied, some are found to be more effective at decreasing the presence of certain pathogens, but not as effective with other pathogens. Some products provide protection against pathogens for a longer time period than others. For example, alcohol-based products are more effective for standard hand washing/hand antisepsis than soap or antimicrobial

soap and water for healthcare workers since alcohol based products decrease bacterial counts more than either soap or antimicrobial soap and water (CDC, 2002, p. 11). However, nothing is more effective at ridding healthcare workers' hands of spore forming bacteria than hand washing with soap (either antimicrobial or non-antimicrobial) and water (CDC, 2002, p. 17).

When hand hygiene products are tested for efficacy in research conditions, the circumstances differ from actual usage of hand hygiene products by healthcare workers. According to the CDC, the average healthcare worker spends less than 15 seconds on average performing hand hygiene (CDC, 2002, p. 8). This amount of time may not be long enough for many hand hygiene products to succeed in decreasing the risk of spreading pathogens from the healthcare worker's hands to the next patient or environmental object contacted.

Many healthcare organizations are accredited by an organization such as TJC. Hand hygiene has been identified as one of TJC's national patient safety goals. Hand hygiene, including guidance from either the CDC or the WHO, is a cornerstone of infection prevention and incorporated into TJC accreditation standards. To encourage compliance with hand hygiene, TJC has a variety of materials, such as patient videos, wall posters, and wearable buttons that include messages or information related to hand hygiene.

Nurses have an essential role in promoting patient safety and preventing the spread of communicable conditions. Good hand hygiene is one important safety step that may accomplish both patient safety and decrease the incidence of healthcare acquired infectious conditions. The many factors leading to decreased adherence to hand hygiene recommendations include environmental factors, such as access to hand hygiene products, skin irritation of the healthcare worker, and factors that impact the stress placed on healthcare workers, such as a high acuity patient assignment and short staffing (CDC, 2002, p. 24). Nurses have an obligation to actively intervene to ensure patient safety.

Both hand washing with soap and water and using alcohol-based hand hygiene products are essential components of good hand hygiene (Vinson and Thomas, 2011, p. 18). TJC has identified hand hygiene as an essential component related to prevention of infection through the NPSG. Through proper hand hygiene nurses can fulfill their role as patient advocates in preventing healthcare acquired infections.

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In Focus – Spring 2014
Publisher: National Council of
State Boards of Nursing

The Superdome in New Orleans is huge. For a football game, it can hold more than 75,000 fans. Since it opened in 1975, it has hosted baseball games, gymnastics events and even a Republican National Convention. Today, it's the home of the New Orleans Saints football team. Believe it or not, if you were a nurse taking the NCLEX® before 1994, the Superdome was your test center. Before computers changed the way we pretty much do everything, the NCLEX was a paper-and-pencil test, administered twice a year in locations like the Superdome that could accommodate hundreds, if not thousands of nursing students. Not only were you limited to when and where you took NCLEX, it took weeks, if not months, to get your results.

It wasn't easy for the boards of nursing (BON's) that had to proctor the NCLEX either. Testing materials had to be ordered up to six months beforehand, teams of retired nurses had to be hired to administer the exam, and once it was over, the test booklets had to be returned to the test vendor (shipped in a very, very specific way! See page 7 for a diagram) for grading. No wonder the NCLEX was only offered twice a year – it was a lot of work! But in 1994, that all changed. Computerized adaptive testing (CAT) was a breakthrough in licensure assessment and nursing was among the field's pioneers.

In the Beginning

Remember taking a test in high school with your No. 2 pencil? Everyone had the same exam and was tested on the same exact things. Afterward, you'd meet with your friends to discuss the questions and figure out who got #3 wrong and if anyone else put "c" for #20. You compared notes the best you could remember to determine which you got right and which you got wrong. When it came to grading, the teacher had one answer key that he/she would use to grade everyone's test. This type of exam is called a conventional test: all examinees are administered and graded on the same set of items (Weiss, 1985). Was this the best way to measure one's scope of knowledge though? Psychologist Alfred Binet didn't think so. In the early 1900's, he developed a scale that indicated intelligence by requiring the examiner to adapt the administration of the exam to the characteristics of the examinee (Weiss & Betz, 1973). This type of testing was determined to be a better mechanism for measuring knowledge as the difficulty of the questions changed based on the responder's answers. Binet's IQ test was the first application of adaptive testing.

With adaptive testing, instead of everyone having the same test, different sets of test questions (also known as items) are administered to different examinees. Each item is automatically selected from an item pool based on the examinee's correct or incorrect response to the previous item (Weiss, 1985). Get the item correct and your next question will be a little harder. Get the item wrong and your next question will be easier. The exam is adapted to the examinee's performance in order to properly estimate his or her ability (Weiss, 2004). It sounds like a

simple enough concept, but in reality, adaptive testing is incredibly challenging to implement. Because of this, further development in the field waned during World War I, while conventional tests in the form of paper-and-pencil dominated the testing field as a quick and inexpensive way to screen a large number of individuals. For more than 50 years, adaptive testing survived only in Binet's IQ tests (Weiss, 2004). That is, until computers changed the game all together.

In the 1960's, the idea of removing a human proctor and replacing him/her with a machine as the administrator of the exam was beginning to take flight. Researchers realized early on that it was difficult to administer an adaptive test via paper-and-pencil, so they turned to technology. Testing machines were developed, but had too many issues that compromised the reliability of the results (Weiss & Betz, 1973). Not the computer though. The computer had numerous advantages: it could determine how to begin a test, select an item based on the response and knew when to terminate the test once a pass or fail decision was reached (Weiss, 2004). This was the breakthrough testing researchers were waiting for and by the 1970's, it was clear that computers were going to be a game changer.

Nurse Licensure Exams Before CAT

Before the NCLEX, there was what nurses used to call the "boards." The "boards" was the unofficial term for the SBTPE, or State Board Test Pool Examinations, which was the national nurse licensure exam from 1941 to 1982. By 1950, nursing, being the trailblazing field that it is, was the first profession (and only one at the time) where all BON's in the U.S. used one uniform exam for the purpose of domestic nurse licensure (Dorsey & Schowalter, 2008). The SBTPE was first developed by the National League for Nursing and then the American Nurses Association. When NCSBN was established in 1978, it took ownership of the SBTPE and renamed the exam the NCLEX (National Council Licensure Examination) in 1982.

While there was a new name for the licensure exam, the administration of the test was exactly the same as it always was. Candidates applied for licensure from the BON in the state where they would practice (just as they do today). They were mailed an admission card, similar to that of today's Authorization to Test email, and were required to bring it with them on testing day. Instead of applying to take the NCLEX immediately after graduation, however, the exam was only offered twice a year. For the NCLEX-RN®, it was offered in February and November over the course of two days; for the NCLEX-PN®, it was a one-day exam in April and October. It wasn't uncommon for candidates to graduate in May and then have to wait five or six months to take their exam. Based on how many candidates registered for the NCLEX, BON's would order the appropriate amount of booklets and hire proctors: one proctor for every 35 students. Once the exam was completed, the test booklets were sent to the test vendor to be scored. Eight to 12 weeks later, nervous candidates received their results in the mail (48 hours for unofficial results doesn't sound so bad now does it?). For years, this was the way it was done. It was a daunting process, not just for candidates, but for BONs too. There had to be a better way.

Implementing CAT for Nurse Licensure

While it was still a paper-and-pencil exam, NCSBN recognized the evolution of testing technology and in 1982, started developing a proposal to test a new electronic system that would be used to administer the NCLEX (Dorsey & Schowalter, 2008). During the 1980's, testing researchers found that CAT built upon and improved Binet's adaptive theory scale by replacing human proctors with a computer program. Instead of a person, the computer would select items based on the examinee's responses and thus determine if the examinee passed or failed (Weiss, 2004). Not only was the technology available, but it was also a reliable way to test a student's entry-level knowledge as a nurse. There were also several other advantages to implementing CAT: examination by appointment, instead of twice a year; immediate scoring instead of waiting months; and a reduction in the time nurse candidates could legally practice (at the time, nurse candidates worked on temporary permits until they passed the licensure exam). For BON's, the responsibility of administering the exam would shift to an external testing vendor. Doing so would enhance public protection by allowing BON's to quickly identify candidates who were not ready to enter practice (Zara, 1999).

In 1991, the NCSBN Delegate Assembly voted for CAT to be the examination method for the NCLEX. Former NCSBN Board of Directors President Carolyn Hutcherson, who was then the executive officer of the Georgia Board of Nursing, said, "Consistent with the organizational goal adopted by the membership, to 'develop, promote, and produce relevant and innovative services,' the National Council is demonstrating initiative in creating an environment to make nursing regulation the best it can be" (Dorsey & Schowalter, 2008, p. 213). Joyce Showalter, one of the founding members of NCSBN and then the executive director of the Minnesota Board of Nursing, realized the importance of the vote when she asked the Delegate Assembly "...to take a moment to reflect on the 'momentousness' of the decision to move from a paper-and-pencil testing modality to CAT" (Dorsey & Schowalter, 2008, p. 213). It was a bold step forward that would forever change the way nurses' entry-level knowledge was measured.

Licensure Exams After CAT

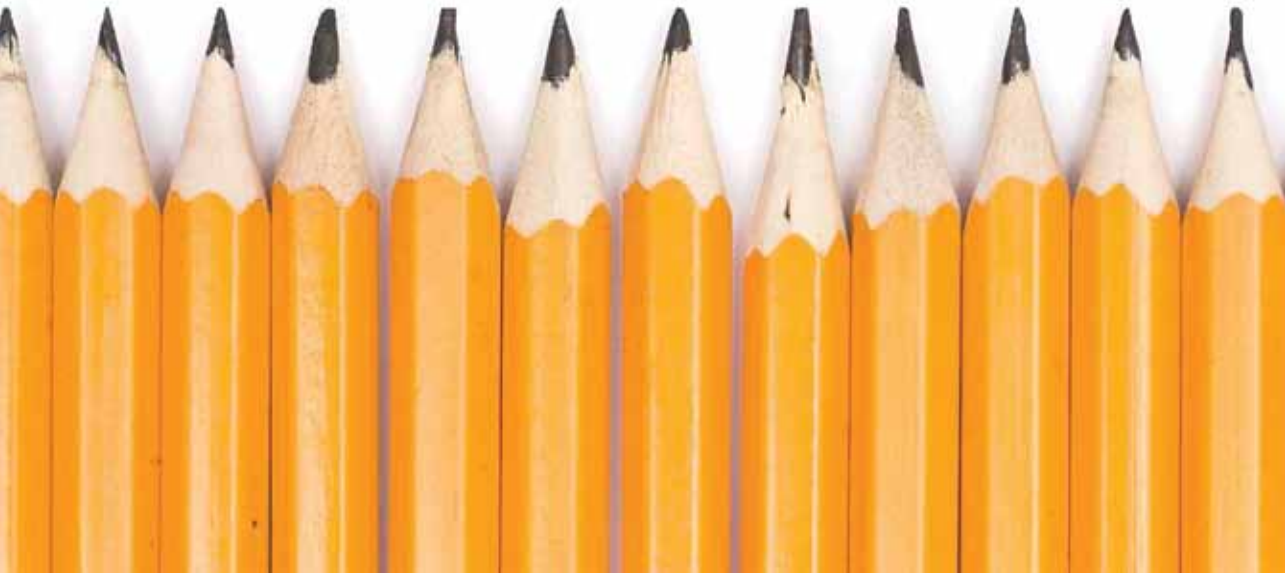
Between 1986 and 1994 NCSBN conducted numerous pilot studies, field tests and legal analyses to make sure the NCLEX was psychometrically sound, valid and legal. The first NCLEX administered via CAT took place on April 1, 1994. By the end of that year, more than 155,000 nurse candidates took the NCLEX via CAT, and that number has risen steadily ever since.

Gone were the Superdome-sized testing centers. Retired nurse educators could stay retired. No. 2 pencils were put away. CAT ushered in a new way for candidates to test: on their own time, at their own pace and with cutting-

*Pencils Down continued on
page 7*

Pencils Down, Booklets Closed

April 1, 2014 marked the 20th anniversary of the first NCLEX® examination to be administered via computerized adaptive testing (CAT).To celebrate this milestone, we look at the evolution of CAT and follow the NCLEX's technological journey from paper-and-pencil to a computer-based examination.





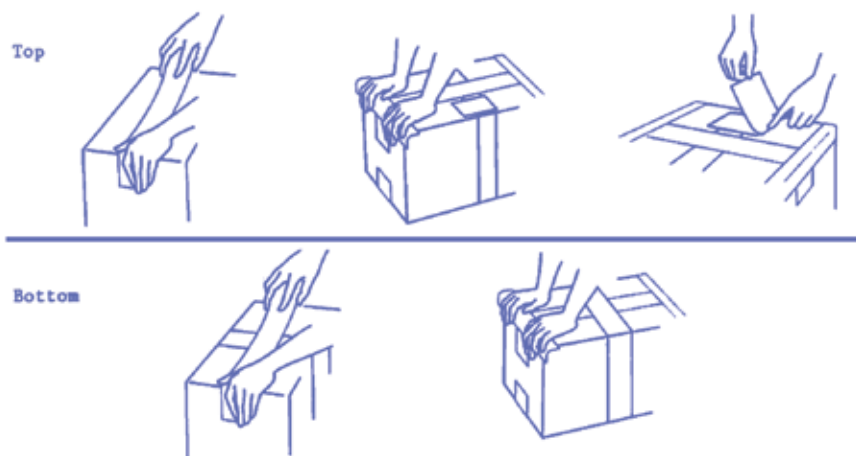
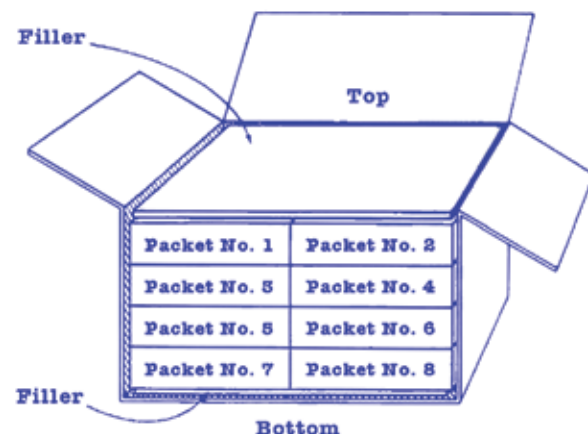
***Left: Tony Zara, NCSBN staff member, demonstrates CAT at the 1987 NCSBN Annual Meeting.
Center: Beta testing was underway in 1991.
Right: On Feb. 2, 1994, the last NCLEX-RN was administered via paper and pencil. More than 1,500 nursing students gathered at the Hilton Hotel Chicago for the exam.***

In 2011, NCSBN announced that the NCLEX-RN would be used as a licensure requirement in Canada starting in 2015. Canadian RN regulators were looking for a new exam that employed the latest advances in testing technology, offered enhanced test security, increased accessibility, provided timely results and allowed for precise assessment of a candidate's performance. Just like NCSBN did in the 1980's, Canadian regulators were looking for a better way to measure entry-level nursing knowledge. And just like NCSBN found, the NCLEX via CAT was the answer they were looking for.

NCSBN was a pioneer in utilizing CAT for its licensure exam; in 1994, no other health care organization was using such a progressive method to test entry-level knowledge. Today, several professions across a variety of fields utilize the technology. From paramedics studying for the National Registry of Emergency Medical Technicians to business students taking the GMAT to get into graduate school, CAT has become the norm. We've come a long way from No. 2 pencils and booklets haven't we?

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Booklets Closed... Now What?

Once the exam was complete, proctors had to return the booklets to the testing vendor for grading. For security reasons, proctors followed a very precise and specific 12-step process to ensure the booklets were properly packed, sealed and delivered to the testing vendor.

785-A-1

NCLEX

The National Council Licensure Examination
for Registered Nurses

Series 783 - A

Book I

Last Name

First Name

Middle Name

Birth Date

____ / ____ / ____
 month day year

Signature

Place your admission card here. Align arrows. Copy your candidate number in the boxes below exactly as it appears on your admission card. Carefully fill in the appropriate circle below each digit.

Your Candidate Number

Your Candidate Number									
2	0	0		8	8	0	0	0	0
1	0	1		7	1	1	1	1	1
0	7	2		2	7	2	2	2	2
3	2	3		1	2	3	3	3	3
4	4	4		4	4	4	4	4	4
5	5	5		5	5	5	5	5	5
6	6	6		6	6	6	6	6	6
7	7	7		7	7	7	7	7	7
8	8	8		8	8	8	8	8	8
9	9	9		9	9	9	9	9	9

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10467

I Remember...

I Remember *as a nurse educator, writing my test questions by hand*

When I first became a faculty member at Loyola University in Chicago in 1990, I vividly remember the enormous amount of time I'd spend developing my exams. I taught undergraduate lecture courses in pharmacology research and junior and senior medical-surgical nursing. My undergraduate exams were developed using, for the most part, multiple choice questions. During a seven-week course, I'd generally have four exams, three with 50 questions, and the final with 100 questions. Developing these exams was a nightmare. While I had a computer, most of us didn't use the word processing program to develop our exams. We wrote them out, by hand, on legal paper and using pencil for the many changes. Then someone in the secretary pool would type them, give them back to us, we'd make corrections, give them back to them, and on and on it would go. Of course you had to get the drafts prepared much in advance of the exam because of all the back and forth. By the mid-1990s I was doing my own exams, using Word Perfect, and what a difference!

Nancy Spector, PhD, RN, FAAN
Director, Regulatory Innovations, NCSBN

I Remember taking the NCLEX as a paper-and-pencil exam.

In every class there are those who want to compare the answer they put on a test question with what everyone else answered. If their answers are different then their anxiety becomes everyone else's anxiety. To avoid the drama of the well-known classmates whose drama regarding test taking has plagued us for two years, four of us went in June 1984 to Ft. Worth, Texas instead of taking the NCLEX with our classmates in Austin. 2 days, an auditorium filled with several hundred candidates, proctors and pencils. The experience bonded the four of us into lifetime friendships and given the feedback from those who did go to Austin, we did not judge our anxiety riddled classmates incorrectly.

Ruby Jason, MSN, RN, NEA-BC
Executive Director, Oregon State Board of Nursing

I remember when the NCLEx exam was administered as a paper-and-pencil test. We went for two whole days and sat in a huge room at the University of Delaware. There were six separate sections to the overall exam that were each timed. Five of the six exams were actually scored and you had to pass each exam separately. The five sections were Medical, Surgical, Pediatric, Maternity and Psychiatric. Back then the exams were only given twice a year - in February and July - and you waited about six weeks for your results that arrived by mail.

Pamela C. Zickafoose, EdD, MSN, RN
Executive Director Delaware Board of Nursing

To relive my days of the paper-and-pencil nursing exam, we must roll back time to 1969, 45 years! Prior to taking the exam, our nursing instructors had instructed one last time what our demeanor should be during the exam: "Keep your head down; only look straight up or straight ahead, neither to the right nor the left." During the exam I followed the instructions to the letter; I was returning to my seat after a break (we did the five exams in two days) and one of the proctors tapped my shoulder. I was mortified! I knew I had followed the instructions to the letter; my mind was racing as to what I could have possibly done. She politely complimented my handmade sweater and sent me on into the room! With weak knees I returned to my table to finish my exam.

Francine Kirby-Chittum, MSN, RN
Board President, West Virginia Board of Examiners for Licensed Practical Nurses

Disciplinary Actions**

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

CENSURE

Bennett, Sheila A.

Saint Louis, MO

Registered Nurse 113799

On January 18, 2012, Respondent met with Discipline Administrator via telephone conference to review the terms of Respondent’s discipline. At the end of the meeting, Respondent was to sign the meeting summary and return a copy. The Board has never received a signed copy of the meeting summary from the telephone meeting held on January 18, 2012. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of January 14, 2014. In accordance with the terms of the Agreement, Respondent was required to obtain continuing education hours covering the following category: “Anger Management,” and have the certificate of completion for these hours submitted to the Board by January 14, 2014. Respondent admitted that she submitted her proof of taking an anger management class late. She did not realize it was ten (10) lessons and did not realize it would take so long. Censure 03/26/2014 to 03/27/2014

Bier, Sandra D.

Barnhart, MO

Registered Nurse 143471

Licensee was discovered sleeping on the couch at the home of client RR on December 17, 2012. Three different people witnessed her sleeping and took two different pictures of her while she slept. Licensee also received a disciplinary counseling on December 10, 2012 in relation to two other incidents at the same home of client RR in which licensee falsely documented she had arrived at the home at 11:30 a.m. on December 6, 2012 when in fact she had not arrived until 11:45 a.m.; and another incident on December 7, 2012, in which, after licensee was told by an occupant of the home not to sit in a chair that had belonged to a deceased person, licensee rudely replied: “He’s dead anyway.” Licensee admitted that she knew that she had fallen asleep “for a little while” at the home on December 17, 2012, and also admitted that she had fallen asleep in a chair at the home while on duty previously, during the month of November, 2012. Censure 03/12/2014 to 03/13/2014

Billings, Charles W.

Liberty, MO

Registered Nurse 2005038309

On July 5, 2013, Licensee was the Circulating Nurse for a patient’s knee surgery. Patient’s correct knee, the right knee, was prepped and marked for the surgery to take place. The Circulating Nurse is required to verify the procedure to be performed including the site, side and/or extremity and verify the marking of the site. Licensee failed to visually verify the correct surgical side was prepared for the procedure. Licensee positioned the left leg, the incorrect leg, for the surgery and placed a tourniquet on the left leg. Surgery was commenced on the patient’s left knee, the incorrect knee. Licensee was previously counseled in December 2012 to follow all proper policies regarding surgical procedures. Censure 05/08/2014 to 05/09/2014

Coulter, Linda L.

Elk Creek, MO

Registered Nurse 074383

Licensee admitted to her supervisor that she had fallen asleep while caring for a patient. Licensee voluntarily resigned her employment after this incident. Licensee later

CENSURE continued...

admitted to the Board’s investigator that she had fallen asleep while caring for a patient. Sleeping while on duty constitutes patient abandonment. Censure 04/29/2014 to 04/30/2014

Dewitt, Elizabeth W.

Kirksville, MO

Registered Nurse 116333

On April 1, 2011, Respondent was assisting a Physical Therapy Assistant (PTA) with walking patient R.C. The PTA observed Respondent verbally accuse R.C. of not trying to walk. The PTA observed Respondent place her thumb and fist forcefully under R.C.’s chin to make R.C. stand erect. The PTA observed Respondent aggressively grab R.C.’s chin several times in this manner. After R.C. was in his room, staff overheard Respondent yell at him: “This is ridiculous, you need to walk; there is no excuse for you not trying. I will pull your hair next time if you do not try harder.” On April 2, 2011, Respondent was assisting another PTA with walking patient R.C. The PTA observed Respondent poke R.C. in the chest and side. The PTA observed Respondent yelled at R.C. to stand up and walk. Dr. J.R. observed Respondent “jerking up” on the gait belt around R.C. Censure 05/30/2014 to 05/31/2014

Johnson, Cristin Dawn

Farmington, MO

Licensed Practical Nurse 2006032267

Licensee practiced nursing in Missouri without a license from June 1, 2012 through October 18, 2013. Censure 03/12/2014 to 03/13/2014

Kempf, Amy Charlene

Boonville, MO

Licensed Practical Nurse 2005036969

Respondent was found to be sleeping while on duty on several occasions by the mother of the patient for whom Respondent was providing care. Censure 03/26/2014 to 03/27/2014

Macchiarella, Michael Robert

Bad Axe, MI

Registered Nurse 2010005995

Licensee received public discipline against his Michigan RN nursing license from the Michigan Board of Nursing effective May 10, 2013 in the form of probation for a minimum of one year effective that date. Licensee was also reprimanded and fined as part of the same Michigan Board’s Order. The discipline in question stemmed from licensee’s actions in failing to properly document the wastage of controlled substances on several occasions while employed at a hospital in Michigan as an RN in 2011. Censure 05/22/2014 to 05/23/2014

Ojibway, Connie M.

San Antonio, TX

Registered Nurse 095988

On July 16, 2008, Licensee entered into an Advocacy Contract with the Intervention Project for Nurses (IPN), the impaired nurse program for the Florida Board of Nursing. On May 25, 2010, IPN terminated Licensee due to noncompliance with the terms of her Advocacy Contract with IPN. On April 25, 2011, Respondent was issued a Final Order from the State of Florida Board of Nursing wherein Respondent’s license to practice nursing in the State of Florida was suspended indefinitely or until her return to Florida and becoming compliant with the Advocacy Contract with the IPN entered into by Respondent on July 16, 2008. Censure 05/20/2014 to 05/21/2014

Richmond, Maggie Lynn

Salem, MO

Registered Nurse 2012034696

Respondent failed to contact National Toxicology Specialists on five (5) occasions and failed to submit an employer evaluation or statement of unemployment by the documentation due date, but did send in an employer evaluation late. Censure 03/25/2014 to 03/26/2014

Turnbow, Pamela J.

Bernie, MO

Registered Nurse 2004033746

Licensee received a critical lab test result on TB and called her supervisor to report it. Licensee’s supervisor told her to follow the written protocol on file for the situation,

which was available on the unit. The written protocol for this situation was to administer Vitamin K, hold any Coumadin, call the patient’s physician in the morning, and repeat the INR in 48 hours. Licensee did not administer Vitamin K to TB, did not record the critical lab test result in her nursing notes, and did not take any other actions as required by the protocol. Licensee did, however, inform the next shift of the existence of a critical lab test result on TB. Censure 04/10/2014 to 04/11/2014

Wehlermann, Kimberly K.

Festus, MO

Registered Nurse 140845

The pharmacy ran a usage report for Licensee. The report revealed that on September 28, 2011, Licensee removed a 100 ml bag of Fentanyl for patient R.M. Licensee hung the bag at 18:29 at a rate of 50-100 mcg per hour. The bag should have lasted twenty-four hours. Licensee replaced the bag at eighteen and a half hours for a loss of 1500 mcg of Fentanyl. The report revealed that on October 8, 2011, staff hung a 100 ml bag of Fentanyl for patient D.M. at 03:17. Licensee changed the rate from 250 mcg/hr to 300 mcg/hr at 08:11. Licensee then changed the bag at 10:52, 7.5 hours too soon. Licensee then hung a new bag at 10:52 at a rate of 300 mcg/hr. This bag should have lasted eight hours. However, Licensee replaced this bag at seven hours for a loss of 825 mcg of Fentanyl. Licensee resigned on or about October 24, 2011. Censure 04/22/2014 to 04/23/2014

PROBATION

Andrews, Davena Monique

Saint Louis, MO

Licensed Practical Nurse 2009002985

On January 21, 2013, staff discovered that controlled substance medications which were delivered from the pharmacy on January 16, 2013 were missing. The following is a list of medications which were missing:

- a. On January 16, 2013 at 13:39, sixty hydrocodone 5/500 tablets were delivered for patient PW.
- b. On January 16, 2013 at 13:36, thirty hydrocodone 5-325 mg tablets were delivered for patient NR.
- c. On January 16, 2013 at 13:36, thirty hydrocodone 5-325 mg tablets were delivered for patient VJ.
- d. On January 16, 2013 at 13:36, sixty hydrocodone 5/500 tablets were delivered for patient ST.
- e. On January 16, 2013 at 13:36, sixty oxycodone 5-325 tablets were delivered for patient SS.
- f. On January 16, 2013 at 13:36, thirty hydrocodone 5-325 mg tablets were delivered for patient AP.
- g. On January 16, 2013 at 13:36, sixty morphine 15 mg tablets were delivered for patient IG.
- h. On January 16, 2013 at 17:41, sixty oxycodone 5-325 tablets were delivered for patient AS.

Pharmacy shipping manifests indicated that Licensee signed for receipt of delivery for the above controlled substances. The above medications, which Licensee signed for, were not logged into their appropriate places and disappeared after Licensee received them. No other nurse or certified medical technician received the above medications from Licensee. Licensee failed to give the above medications to the certified medical technician, the charge nurse, or put the medications in the appropriate patient medication boxes. Probation 03/05/2014 to 03/05/2017

Beard, Ronda Renee

Huntsville, MO

Registered Nurse 2003018667

On July 16, 2011, coworkers observed Respondent to be dazed and confused, slurring her speech, and appeared to be staggering in the hallway. Respondent consented to provide a urine screen which tested positive for benzodiazepines, more specifically, lorazepam. Respondent provided a prescription for Ativan. While on shift at a medical center, Respondent did not document anything on the flow sheet of her diabetic patients. After Respondent’s shift on January 22, 2012, the night nurse noticed several discrepancies in Respondent’s charting, Pyxis medication withdrawals, and medication administration records after shift reports were given to her by Respondent. Respondent was requested to submit a sample for a for-cause drug test. On January 23, 2012, Respondent consented to provide a urine screen which tested positive for opiates, more specifically, morphine.

Probation continued on page 9

PROBATION continued...

using alcohol and cocaine together for nine (9) years. He reported his last use of both substances was on July 12, 2012. Applicant successfully completed drug court on or about September 26, 2013 after he was diverted to drug court after being arrested for possession of a controlled substance.
Probation 05/01/2014 to 05/01/2019

From December 15, 2011, until the filing of the Probation Violation Complaint on January 15, 2014, Respondent failed to call in to NTS on ten different days. Six of the missed calls occurred after August 31, 2013. Further, on January 31, 2012; September 16, 2013 and November 15, 2013, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample on each of those dates. In addition, on one occasion, January 18, 2012, Respondent reported to lab and submitted the required sample which showed a low creatinine reading of 13.2.

Probation 03/26/2014 to 11/16/2016

Licensee pled guilty to the offense of Driving While Intoxicated on April 5, 2012.
Licensee pled guilty to the offense of Driving While Intoxicated on September 18, 2012.
Licensee pled guilty to the offense of Driving While Intoxicated on January 23, 2013.
Licensee was a charge nurse on the evening shift and was assigned many patients to be in her care, one of whom was patient AL. On July 8, 2012, failed to do walking rounds and re-connect AL's Jevity pump, resulting in AL going without nutrition for over two shifts. On July 8, 2012, when finally connecting AL's Jevity pump, Licensee failed to use gloves or proper protections when attaching the tube. Licensee, on August 3, 2012, failed to properly clean the site of AL's Jevity pump.
Probation 03/28/2014 to 03/28/2019

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Probation continued from page 9

Elimon, Jason Matthew
Elsah, IL
Registered Nurse 2005010726

Following multiple discrepancies from licensee's use of the Pyxis from April 1, 2013 through May 26, 2013, licensee was drug-screened on May 31, 2013. Licensee admitted to diverting controlled substances, specifically that he had diverted and used IV-push Dilaudid on himself the morning of May 31, 2013. The results of the drug screen on Licensee showed positive for Hydromorphone. Licensee also admitted he had developed a drug dependency problem at work and that he first began to divert Dilaudid and Morphine in January, 2012.
Probation 05/01/2014 to 05/01/2019

Feco, Molly Rose
Springfield, MO
Registered Nurse 2010029481

On March 12, 2013, concerns were reported about Licensee's behaviors while at work. Licensee's drug test returned positive for alpha-hydroxyalprazolam, lorazepam, morphine, and hydrocodone. Licensee does have a prescription for Xanax. Licensee did not have a prescription for lorazepam, morphine, or hydrocodone. Licensee later admitted to the Board's investigator that she discovered some morphine and oxycodone tablets on the weekend prior to March 12, 2013, and she consumed these tablets on March 10 and March 11, 2013. Licensee admitted to the Board's investigator that she diverted two vials of Benadryl from the facility and consumed them while at work.
Probation 05/06/2014 to 05/06/2019

Fowler, Carolyn M.
Kansas City, MO
Registered Nurse 129454

Peers and physicians at the hospital reported concerns about Licensee's narcotic and medication administrations during early 2013. The Pharmacy at the hospital prepared a report reviewing Licensee's narcotic and medication administrations. The report showed a wide and varying array of specific problems with licensee's narcotic and medication administrations. The report showed licensee administered controlled substances, particularly Hydrocodone, more frequently than her peers. Licensee also had a large amount of documented verbal orders from physicians for controlled substances which were later found not to exist. Licensee consistently showed controlled substances withdrawn either outside the parameters set by physician's orders; or at times when patients could not have received them according to the time/date stamp on the pyxis. Licensee also withdrew controlled substances which were never identified as being administered to a patient. The report also showed that licensee gave controlled substance pain medications to patients that had no pain medications administered on a prior shift, or on the next shift. In February and March 2013, licensee withdrew Morphine, Hydrocodone, and Oxycodone for patients and documented a "verbal order" from a physician, and such verbal order did not exist. In February and April 2013, licensee pulled Morphine and Hydrocodone from the pyxis but did not document it as given. On April 11, 2013, licensee pulled Fentanyl 100 mcg from the pyxis and wasted 75 mcg but did not document the remaining 25 mcg as given. In February, March and April 2013, licensee pulled Morphine, Oxycodone and Hydrocodone from the pyxis but did not document it as given within the parameters set by the hospital's policies or the physician's order.
Probation 05/13/2014 to 05/13/2019

Franklin, Theresa A.
Kansas City, MO
Licensed Practical Nurse 2005036146

On October 13, 2012, licensee received a written verbal counseling from officials after they reviewed her documentation on her administration of Hydrocodone, a controlled substance, to a patient on September 30, 2012. Licensee failed to record the dose of Hydrocodone given at 1435. On January 22, 2013, licensee received a written verbal counseling from officials after they reviewed her documentation on a dressing change on a patient on January 23, 2013. Licensee failed to actually do the dressing change, but recorded that the dressing change had in fact been done. On January 7, 2013, licensee received a written warning from officials after they reviewed her documentation for the three month period which had ended on December 18, 2012. The warning noted that in that time period, licensee had committed 33 "variances" in her dispensing of medications to patients. A "variance" is a noncompliance with the facility's policies and accepted nursing practice in regard to medication administration. Licensee admitted to the Board's investigator that there were many different reasons a nurse could receive a variance, including but not limited to, charting the wrong room number or not putting the last name of the patient down. Licensee admitted that some of the variances could have been due to the fact that she did not administer medications within the facility's time frames, and admitted that she had been trained that some medications have a 30-minute time frame, but did not know if she administered all of them within that time frame or if she reverted back to another time frame from other places she had worked. Licensee admitted that she had to be "re-trained" on these time frames by officials and further stated that the variances she received "weren't for anything outrageous." On March 21, 2013, licensee received a written final warning from officials after the officials noted that a Clonazepam .5mg tablet (a controlled substance) was discovered on top of a medicine cabinet in a patient's room who did not have a physician's order for that medication. Licensee had removed the Clonazepam for another patient, went into this patient's room, and then left it on the cabinet. On April 25, 2013, licensee received a written suspension notice from officials after they received two complaints from patients that licensee had been rude to them and/or ignored their needs. In the first complaint, on April 13, 2013, licensee did not give a patient his pain medication and told the patient to "stop whining." In the second complaint, on April 18, 2013, licensee did not assist a patient (who was an amputee) that had called out for pain medication and then fallen out of bed. When the patient crawled to the door and pulled the call light, licensee did not answer it immediately as she was on her cell phone. When she finally did answer it, the patient requested to speak to a supervisor and licensee did not administer pain medication to the patient until he completed the call to the supervisor. On May 18, 2013, licensee received a termination of employment notice after she was asked to assist in moving a patient to the third floor of the facility at approximately 1315. When licensee

Probation continued on page 11

Probation continued from page 10

was questioned at approximately 1630 on the phone why the move had not been done yet, licensee interrupted her supervisor, stated she would do it when she had “downtime” and then hung up the phone on the supervisor. Probation 05/20/2014 to 05/20/2015

Goodhart, Angelia S.
Hannibal, MO
Licensed Practical Nurse 2003022445

On April 30, 2013, nurse DS walked in on Licensee drawing up a dose of Nubain, then capping the needle and placing it in her pocket. The DON confronted Licensee and Licensee admitted to withdrawing a dose of Nubain which she was planning to use on herself. Probation 05/06/2014 to 05/06/2019

Habtemichael, Lewam T.
Saint Louis, MO
Registered Nurse 2014013141

On March 7, 2013, Licensee pled guilty to the class D felony of driving while intoxicated (DWI), Persistent Offender. The factual basis for her plea to felony DWI, persistent offender, was that Licensee pled guilty to driving with an excessive blood alcohol content , for events occurring on August 28, 2009 and on March 11, 2009, Licensee pled guilty to driving while intoxicated, for events occurring on January 11, 2009. Licensee was screened and approved for alternative court, specifically DWI Court, in the Circuit Court of St. Louis County on March 7, 2013, and sentencing was deferred. Probation 04/28/2014 to 04/28/2019

Halbert, Alisha Louise
Yukon, OK
Registered Nurse 2013042897

On November 25, 2013, the Board received Licensee’s Application for a License as a Registered Professional Nurse by Endorsement (Application). On her Application, Licensee checked “no” to the questions: “Have you ever had any professional license, certification, registration, or permit revoked, suspended, placed on probation, or otherwise subject to any type of disciplinary action?” and “Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration, or permit you hold?” On November 20, 2013, Licensee signed an Agreed Order before the Tennessee Board of Nursing stipulating that her registered professional nursing license issued by the Tennessee Board of Nursing was subject to discipline for “documenting having done a pupil assessment on a patient when in fact she had not done the pupil assessment” and due to “[a]n audit of [Licensee’s] charting for the month of January 2010 revealed numerous medication discrepancies, including failing to properly waste controlled substances, withdrawing doses of morphine in excess of the amounts ordered, and not returning unused medications until hours after it was withdrawn.” Her license was reprimanded and she was required to complete ten (10) hours of continuing education classes within one (1) year. Licensee entered into an agreement with the Tennessee Professional Assistance Program for Nurses (TNPAP) in May 2010. In November 2010, Licensee tested positive for alcohol in violation of the agreement with TNPAP. She declined the option of reevaluation or treatment and was terminated from the program. Probation 04/24/2014 to 06/08/2014

Harris, Carrie Amanda
Lowry City, MO
Licensed Practical Nurse 2011000718

On July 22, 2012 at around 3:00 p.m., a certified medical technician reported to the Director of Nursing (DON) that Licensee had several Fentanyl patches in her purse. The DON retrieved Licensee’s purse and called Licensee into her office. The DON confronted Licensee with the

PROBATION continued...

Fentanyl patches. Licensee admitted to the DON that she put the Fentanyl patches in her purse. Licensee later admitted to the Board’s investigator that she took the Fentanyl patches and placed them in her purse. Licensee stated that the patches belonged to three patients who would need to have their patches changed between 3:00 p.m. and 5:00 p.m. Probation 03/19/2014 to 03/19/2019

Ketsenburg, Shelly A.
Wildwood, MO
Registered Nurse 2003018540

On November 10, 2012, as a result of an audit which revealed Licensee’s inconsistent and unusual frequency of narcotic removal from dispensing devices, her documentation irregularities in recording medications, lack of timeliness in wasting narcotics, and failure to follow the appropriate process for narcotic wasting, Licensee was asked to submit to a “for-cause” drug test. Licensee admitted to ingesting Dilaudid sublingually she had diverted from the facility and that this had occurred on November 6, 2012. Licensee has also admitted that she had also ingested Dilaudid sublingually she had diverted from the facility on two other occasions, one in September, 2012 and the other in October, 2012. Probation 05/22/2014 to 05/22/2017

Koontz, Phillip Neil
Republic, MO
Registered Nurse 2014008234

On January 30, 2007, Applicant pled guilty to the class A misdemeanor of leaving the scene of a motor vehicle accident and to the class B misdemeanor of property damage in the second degree. Applicant unlawfully possessed marijuana and drug paraphernalia on or about July 19, 2012. Applicant was discharged from the Navy after testing positive for marijuana in 2003. Probation 03/17/2014 to 03/17/2019

Linder, Daniel Welles
Columbia, MO
Registered Nurse 2003002689

On April 28, 2010, Licensee signed and entered into a Consent Agreement with the Arizona State Board of Nursing in case number 0908067, which contained Findings of Fact and Conclusions of Law. Licensee specifically stated in the document that he admitted the Findings of Fact and Conclusions of Law, which stated in pertinent part that, “while Licensee was working at Scottsdale Healthcare, he tested positive for marijuana on a for-cause urine drug screen on or about August 26,

PROBATION continued...

2009;” that he failed to document 13 doses of Dilaudid, that he failed to document 18 doses of Fentanyl; and that he failed to document two doses of Morphine. The failures to document all occurred over the period from July 4, 2009 to August 15, 2009. Licensee then later, on December 18, 2012, voluntarily surrendered his RN license to the state of Arizona and signed a “Consent for Entry of Voluntary Surrender” document. The violations Licensee committed while a nurse in Arizona with regard to his testing positive for marijuana and other controlled substances and admitted, are violations of the Nursing Practice Act under the laws of either state. Marijuana, Nordiazepam, Oxazepam, and Temazepam, Oxycodone and Oxymorphone are all controlled substances. Licensee did not have a prescription for any of the above controlled substances. Licensee admitted to testing positive for all of the above controlled substances in the Arizona Consent Order. Probation 05/22/2014 to 05/22/2019

McKee, Michelle Kay
Summersville, MO
Licensed Practical Nurse 2000169205

An investigation revealed that licensee had accessed JR’s protected health information and shared it inappropriately with a family member on May 24, 2013. Probation 04/22/2014 to 04/23/2014

O’Halloran, Janet M.
Saint Louis, MO
Licensed Practical Nurse 049146

On September 21, 2012, CNA DD heard a patient calling for help at around 5:30 AM when she was waking residents up. CNA DD followed the call and found resident JB sweaty, clammy, and acting odd. CNA DD went to Licensee and requested assistance with caring for resident JB. Licensee told the resident to stop yelling and went back to other tasks she was working on. CNAs DD and CW checked resident JB’s blood sugar level and found it to be very low, reading just 26. CNA CW told Licensee the blood sugar level for resident JB and asked for her assistance. Licensee failed to document on resident JB’s chart that there was a change in the resident’s condition due to the low blood sugar. Licensee failed to notify resident JB’s physician about the change in condition. Licensee was placed on the Missouri Department of Health and Senior Services Employee Disqualification List for a period of two (2) years, effective November 26, 2013. Probation 05/21/2014 to 05/21/2016

Probation continued on page 12

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Probation continued from page 11

Otting, Rolland Lester
Kansas City, MO
Licensed Practical Nurse 2010032385

On September 7, 2012, licensee was observed at the Hospital with his hand caught in a “Sharps” box, a box used for discarded and used medications. Licensee claimed he had dropped a piece of paper in the Sharps box. From September 7, 2012 through October 5, 2012, staff at the Hospital noted that Sharps boxes were being completely emptied of medications and their containers on the 3rd and 4th floors with no explanation. Some of the medications taken were controlled substances. Hospital staff also noticed that licensee was observed being present at the Hospital well before his shifts and also on days when he was not scheduled to be working. Hospital officials confronted licensee on October 3, 2012, and told him they suspected him of stealing medications from the Sharps boxes. Licensee appeared impaired at the time. Licensee admitted to stealing and consuming medications from the Hospital’s Sharps boxes and also admitted that he had diverted and consumed for his own use a controlled substance, Dilaudid, from the Hospital’s Accudose drug dispensing system. On November 17, 2012, licensee was observed at a different Hospital, “Hospital #2” Licensee did not work at this hospital at this time but was dressed in gray scrubs with a nametag. Licensee proceeded through Hospital #2 without permission and stole medications

PROBATION continued...

from Sharps boxes in Hospital #2, some of which were controlled substances. Licensee was confronted by security staff of Hospital #2 and was found to have numerous discarded medications from Hospital #2’s sharps boxes in a backpack on his person, including the controlled substances of Morphine and Dilaudid. Licensee stole and diverted the above medications for his own use. Probation 03/12/2014 to 03/12/2019

Parker, Holly Suzanne
Bertrand, MO
Licensed Practical Nurse 2001021748

Before September 28, 2011, Parker possessed Xanax (alprazolam), a controlled substance, without a prescription. On September 28, 2011 Parker pled guilty to Possession of Controlled Substance Except 35 Grams or Less of Marijuana, a Class C felony. Probation 03/31/2014 to 03/31/2019

Parks, Anitra Michelle
Kansas City, MO
Licensed Practical Nurse 2007026959

Licensee had falsely documented that she had visited client JB in her home on November 21, 23, 24 and 25, 2012. Licensee had filled out a “nursing visit record” for each of the four “visits” that included the false information of patient assessments, the skilled care provided, and included patient JB’s signature. Licensee, when confronted by officials, admitted that she had prepared the records of each visit and had patient JB sign them before any of the visits were to occur, and then forgot to remove them when she submitted a compilation report of all of her nursing visits for the period. Probation 05/20/2014 to 05/20/2016

Perry, Roxanna L.
Lees Summit, MO
Licensed Practical Nurse 034096

On September 20, 2012, Respondent submitted to a urine drug screening test as part of the pre-employment hiring process. The urine drug screen tested positive for marijuana. Probation 03/31/2014 to 03/31/2019

Phillips, Janet Leigh
Stover, MO
Licensed Practical Nurse 2010004929

On January 13, 2013, licensee documented that patient MH fell and hit her head, elbow and hip while licensee was assisting her with a gait belt. Licensee also told the facility’s director of nurses that she was using a gait belt with MH when she notified her of the fall. An investigation by officials revealed that licensee had not in fact used a gait belt and had falsely documented doing so. Licensee admitted in writing to officials that she had falsely documented the use of the gait belt. Licensee had previously received training from in regard to the importance of the use of gait belts when required. Licensee’s actions violated policies. Probation 03/18/2014 to 03/18/2015

PROBATION continued...

Pich, Rachael Lynette
Pacific, MO
Licensed Practical Nurse 1999135734

The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of July 26, 2013; October 28, 2013; and January 27, 2014. Probation 03/31/2014 to 09/30/2015

Polley, Kenneth Edward
Farmington, MO
Licensed Practical Nurse 2003026510

E.C. came out of his bed and went toward Respondent. E.C. bumped his chest into Respondent’s chest and pointed his finger in Respondent’s face. Respondent and E.C. shoved each other, and E.C. balled up his fists. Respondent, who is right handed, punched E.C. in the mouth with his left hand, knocking out E.C.’s tooth. Respondent “then put [E.C.] in a position of restraint.” At some point during the physical altercation, Respondent shouted for someone to get E.C. off of him and to call the police. A certified nurse assistant working at the hospital that day, was outside of, but near, the doorway of E.C.’s room and saw the altercation. She observed that Respondent was closer to the door of the room than E.C. was, and could have avoided the situation, left the room, or de-escalated the situation before he hit the patient. Probation 03/25/2014 to 03/25/2017

Pottebaum, Russell John
Saint Peters, MO
Registered Nurse 2006003902

Licensee admitted in an interview with the Board’s investigator on May 14, 2013 that “we” (he and Mrs. S) started administering herbs, coconut oil, valerian and kava to Mr. S in early February, 2013 if he became agitated, and in the “end,” “we stopped using those and started using “passion flower.” Licensee specifically and actively sought out and brought into the home and administered to Mr. S Coconut Oil, Chinese Herbs, and “Kava-Kava” even though these items were not authorized or suggested by a physician. Nor did licensee inform or ask Mr. S’s physician’s permission if these items were to be given to Mr. S. An example of this documentation wherein these items were given by licensee to Mr. S occurred on March 1, 2013 Licensee admitted to the Board’s investigator that he gave Mr. S herbs when he was “yelling out,” “to calm him.” When asked by the Board’s investigator in the May 14, 2013 interview whose idea it was to try these types of herbal “remedies” and withhold the prescriptions from Mr. S, licensee answered “We (he and Mrs. S) collaborated on it.” Licensee also stated to the Board’s investigator that he had explained the side effects of Mr. S’s prescriptions to Mrs. S and that he “educated her” on the effects of those side effects. Licensee further stated to the investigator “when I told her (Mrs. S) there are doctors who prescribe other things, she (Mrs. S) wanted to go to a different kind of doctor (for Mr. S’s medications).” Licensee also stated

Probation continued on page 13

The Board of Nursing
is requesting contact
from the following
individuals:

Theresa Biggs – RN 2009027751

Sonja Jones (Burk) – RN 2009029761

Nicolette Keys (Ramos) – RN 2010036091

Kelly Claxton – RN 2008004706

Patricia Sims – PN 048106

Kevin Cantrell – PN 047345

Rolland Otting – PN 2010032385

Christine Renaud – PN 2006026759

Elizabeth Brooks – RN 12284

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to the investigator that Mr. S’s “off and on” behavior may have been caused by “a little coconut oil detox.” In addition, licensee did not chart correctly or adequately for Mr. S as licensee’s nursing notes frequently were written simply as “meds given” or “passed meds” without specifying what the medications were or in what amounts they were given, or at what times they were given. These actions put Mr. S in danger in that caregivers on other shifts would not know his medication status nor would such notes provide a proper medical history should his physicians review his status. When asked about the lack of adequate charting in Mr. S’s logbook, licensee admitted his charting was deficient by stating to the Board’s investigator: “it was a home case with privately hired (care) situation and that doesn’t seem unusual.” Licensee admitted in a letter to the Board dated March 20, 2013 that he gave Mr. S these herbal “remedies” over the course of 5 and a half weeks in early 2013 and also admitted that Mr. S’s physician was not aware that these “remedies” were being given to Mr. S. A note prepared by licensee’s wife with licensee’s full knowledge was also posted in the home for other caregivers on other shifts to give Mr. S “Valerian” (an herb) and “Kava-Kava” should he become agitated. This was written despite the fact that these two herbs are contraindicated and should not be given together, nor was Mr. S’s doctor consulted on whether these herbs should be administered. Licensee also admitted that there was no medication list of any kind kept for Mr. S in the home.

Probation 05/20/2014 to 05/20/2015

Recer, Benjamin James
Saint Charles, MO
Licensed Practical Nurse 2012026258

Respondent has failed to call in to NTS on five (5) days. Further, on December 13, 2013, Respondent called NTS and was advised that he had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on two separate occasions, July 29, 2013 and December 9, 2013, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On December 30, 2013, Respondent reported to a collection site to provide the required sample, which was positive for Phosphatidyl ethanol (PEth), a metabolite of alcohol. Respondent admitted to Dr. Greg Elam, medical review officer with NTS, that he had consumed alcohol on Christmas.

Probation 03/31/2014 to 03/31/2017

Schneider, Marnie L.
Grover, MO
Registered Nurse 145530
On May 7, 2011, Licensee admitted to diverting four (4) Percocet pills.

Probation 05/16/2014 to 05/16/2018

Shannon, Deatrice
Saint Louis, MO
Licensed Practical Nurse 035067
On April 28, 2011, resident RW was admitted. Resident RW was listed as a full code upon admission. During the April 28-29, 2011 night shift, resident RW was found by staff to be unresponsive. After finding RW unresponsive, staff called Licensee to resident RW’s room. Licensee did not perform CPR on resident RW, nor any other actions necessary for a patient who is a full code. Because of the above-described actions, Licensee’s name was placed on the Department of Health and Senior Services Employee Disqualification list for a period to run from November 8, 2013 through November 8, 2014.

Probation 03/14/2014 to 03/14/2015

Shively, Felicia D.
Lancaster, MO
Registered Nurse 148016
On July 5, 2012, administrators were alerted to concerns that Respondent might be impaired. Respondent was reportedly slurring her words, not making sense, and appeared drowsy and confused. Respondent submitted to a for-cause drug screen which returned positive for controlled substances, specifically Lorazepam, Oxycodone, Morphine, and Hydrocodone. Respondent later provided prescriptions for the substances she tested positive for. Respondent told the Board investigator that she did not feel right when she left to go to work, but assumed the effects of the medication would clear up as she worked.

Probation 03/31/2014 to 03/31/2019

Shultz, Melinda S.
N. Kansas City, MO
Registered Nurse 116496
On July 17, 2013, the low creatinine reading was 16.1.

Respondent’s creatinine reading was 9.8 for the July 31, 2013, sample. A creatinine reading below 20.0 is suspicious for a diluted sample. On January 17, 2014, Respondent reported to a collection site to provide the required blood sample, which was positive for Phosphatidyl ethanol (PEth), a metabolite of alcohol.

Probation 03/25/2014 to 06/13/2018

Stacy, Harold, Jr.
Poplar Bluff, MO
Licensed Practical Nurse 2004026576
On February 28, 2013, Licensee pled guilty to the class C felony of possession of a controlled substance. Upon arrest, Licensee admitted to the arresting officer that he had previously smoked marijuana earlier in the evening.

Probation 05/16/2014 to 05/16/2019

Stevens, Brooke Danielle
Columbia, MO
Registered Nurse 2013019746
Licensee submitted to a urine drug screening test as part of the pre-employment hiring process. She brought a little bag with a tube to use for her urine drug screen that she pulled out from between her legs. Licensee was observed attempting to put the liquid from the bag and tube into the urine drug screen cup. When Licensee was told that she could not use the urine in the bag, she stated, “I won’t pass otherwise.” Licensee further stated that she didn’t know they would offer her the job on the spot and knew that the marijuana would not be out of her system; therefore, she borrowed the apparatus and synthetic urine from a friend.

Probation 05/21/2014 to 05/21/2019

Stueven, Laura Melinda
Cassville, MO
Registered Nurse 2007009446
Licensee accessed one hundred patients’ protected health information inappropriately from May 1, 2013 through May 30, 2013. Licensee accessed the patients’ information multiple times and had no legal reason to access or possess the patients’ protected health information. Licensee had previously received training in regard to the importance of maintaining patient confidentiality and how patient information is protected from access and disclosure under the federal HIPAA law.

Probation 04/08/2014 to 10/08/2014

Thompson, Elaine F.
Fairview Heights, IL
Registered Nurse 076738
On February 25, 2012, licensee reported to work as an RN. Licensee’s superiors asked her to submit to a for-cause drug and alcohol screen. After submitting to the screen that day, licensee’s drug and alcohol screening test was positive for alcohol. Licensee was arrested for driving while intoxicated on January 18, 2012.

Probation 03/28/2014 to 03/28/2019

Tierney, Jane Ann
Saint Louis, MO
Registered Nurse 2014006646
On January 14, 2013, Applicant pled guilty to the class A misdemeanor of driving while intoxicated in the Circuit Court of St. Louis County, Missouri. On October 2, 2012, Applicant entered intensive inpatient treatment and was successfully discharged on October 30, 2012. She continues with aftercare treatment. Driving while intoxicated is an offense involving moral turpitude. Applicant additionally reported that she had two (2) prior arrests for driving while intoxicated in 1999, but reported the charges were reduced.

Probation 03/03/2014 to 03/03/2017

Trimble, Maria Kristine
Winston, MO
Registered Nurse 2007029971
On April 26, 2009, Licensee was arrested for Driving While Intoxicated. Licensee pled guilty and was convicted of driving while intoxicated. On July 15, 2010, Licensee was arrested for Driving While Intoxicated. On November 3, 2010 as a result of this offense, Licensee pled guilty and was convicted of driving while intoxicated. On February 21, 2012 Licensee was arrested for Driving While Intoxicated. Licensee was found guilty of felony driving while intoxicated as a result of this offense on June 7, 2012. She was accepted into the Circuit Court of Platte County and diverted to the drug court division on June 14, 2012 and is currently in that program, which is expected to continue for 12-18 months from that date. While on supervision, Respondent has had eight (8) violations for submitting diluted urine samples for testing and has had one violation for consuming liquid while submitting to a dilution test after being directed not to consume any liquid before, during, and after, testing. Licensee also

was driving while her driver’s license was suspended on February 21, 2012; and was in fact convicted of driving while suspended on March 21, 2012. On July 12, 2012 Licensee was notified she was ineligible for a Missouri driver’s license because of the above DWI convictions for a period of ten years, or until June 7, 2022.

Probation 03/12/2014 to 03/12/2019

REVOKED

Alexander, Sheri Lynn
Saint Charles, MO
Registered Nurse 2012001385
From September 5, 2013, (which was the date of the previous Probation Violation Hearing), until the filing of the probation violation complaint on January 15, 2014, Respondent has failed to call in to NTS on nine (9) different days. In addition, on November 7, 2013, Respondent failed to call NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on November 7, 2013.

Revoked 03/24/2014

Bleimehl, Diana L.
Quincy, IL
Registered Nurse 106227
On January 4, 2010, Illinois authorities received information that Ms. Bleimehl was diverting medications for her personal use from the a Nursing Home in Illinois, where she was employed as a registered nurse. The Illinois authorities also received information that Ms. Bleimehl had reported to work while intoxicated in December 2009, and January 2010. Respondent stipulated that the information the Illinois authorities received - if true - would constitute grounds for revocation, suspension, or other discipline of her nursing license. She further stipulated that the consent order provides for the imposition of disciplinary measures.

Revoked 03/17/2014

Brown, John William, III
Kansas City, MO
Registered Nurse 2009032073
On June 20, 2012, an audit began into suspicious usage of controlled substances being withdrawn from Pyxis machines. Nurse N reported that her identity “profile” was being used to withdraw different medications from Pyxis machines without her consent. It was noted that when Nurse N was assigned a new profile, her old profile was still being used by someone to withdraw medications. Remote evaluation of the Pyxis revealed that at the same moment that a Pyxis was being accessed by someone using Nurse N’s profile, Respondent was physically observed by personnel as accessing that same Pyxis and

Revocation continued on page 14

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June 3-5, 2015

September 2-4, 2015

December 2-4, 2015



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Revocation continued from page 13

removing two different medications. A quick check of the access records to that same Pyxis revealed that Respondent’s profile had not been used, but Nurse N’s profile had been. Nurse N was not working that day. When confronted by staff, Respondent stated this had been going on for “a while” and admitted to having a “drug issue.” Respondent was searched and the controlled substances of Morphine and Clonazepam were found on his person. Respondent eventually consented to a drug test which tested positive for several controlled substances, including Marijuana.
Revoked 03/24/2014

Bruns, Kimberly J.
Laurie, MO
Registered Nurse 2000162355
Respondent failed to call in to NTS on seventy-six (76) different days. In addition, on October 31, 2013; November 14, 2013; December 10, 2013; and, December 18, 2013, Respondent failed to call NTS; however, these were all days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on October 31, 2013; November 14, 2013; December 10, 2013; and December 18, 2013. On August 30, 2013, the low creatinine reading was 10.4. Respondent’s creatinine reading was 14.7 for the September 24, 2013 sample. A creatinine reading below 20.0 is suspicious for a diluted sample. On October 11, 2013, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. Respondent admitted that she had consumed alcohol the night before she was tested. On October 16, 2013, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Oxazepam, Temazepam, and Alprazolam, all of which are controlled substances. Respondent did not have a current, valid prescription for Oxazepam, Temazepam, and Alprazolam. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of October 13, 2013 or January 13, 2014.
Revoked 03/24/2014

Campbell, Mary Vivienne
Carthage, MO
Registered Nurse 2010026039
Respondent has failed to call in to NTS on one (1) day. In addition, on two separate occasions, November 11, 2013 and November 18, 2013 Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On January 9, 2014, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Oxycodone and Oxymorphone. Respondent did not have a prescription for Oxycodone or Oxymorphone.
Revoked 03/24/2014

Castor, Kelly R.
Farmington, MO
Licensed Practical Nurse 050054
Respondent failed to call in to National Toxicology Specialists on sixteen (16) days, failed to provide a specimen for drug and alcohol testing on one (1) occasion, and submitted a sample for drug and alcohol testing which tested with a low creatinine which is suspicious for dilution.
Revoked 03/25/2014

Chargois, Mary Margaret
Kansas City, MO
Registered Nurse 152366
The Missouri State Board of Nursing received information from the Kansas State Board of Nursing via the NURSIS website that the nursing license of Respondent was revoked in Kansas due to a final disciplinary action being taken by the Kansas State Board of Nursing in a Summary Order dated April 9, 2013.
Revoked 03/26/2014

Covey, Jessica Michelle
Holt, MO
Licensed Practical Nurse 2002025171
From the beginning of Respondent’s probation, Respondent has failed to call in to NTS on one hundred and ninety-three (193) days. Respondent has not called NTS since August 8, 2013. In addition, on August 8, 2013; September 5, 2013; September 12, 2013; September 30, 2013; October 3, 2013; October 22, 2013; November 5, 2013; November 19, 2013; December 9, 2013; December 19, 2013; January 3, 2014; and January 28, 2014, Respondent failed to call NTS; however, all were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on each of those dates. In addition, on June 10, 2013, Respondent reported to lab and submitted the required sample which showed a low creatinine reading of 17.3. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of July 2, 2013, and October 2, 2013.
Revoked 03/17/2014

Floretta, Kande Lynn
Ballwin, MO
Licensed Practical Nurse 2004008235
On November 17, 2009, Respondent was disciplined by the hospital for administering the wrong medication to a patient. On January 19, 2010, Respondent was disciplined by the hospital for not reporting a medication error after failing to administer a medication dose. On July 27, 2010, Respondent was disciplined by the hospital for failing to administer a medication, but documenting that she had administered it. On August 22, 2010, Respondent was disciplined by the hospital for failing to report an abnormal vital sign of a patient. On May 4, 2011, Respondent was disciplined by the hospital for administering medication to the wrong patient. From April 23, 2011 to May 20, 2011, Respondent made the following errors in documenting the withdrawal, administration, or wastage of controlled substances:
a. Respondent removed a fentanyl patch from a patient without obtaining the signature of another nurse to witness the removal and wastage;
b. Respondent removed seven Alprazolam 0.25 mg tablets from the Pyxis at the hospital without documenting any justification in the patient charts;

Revocation continued from page 14

- c. Respondent removed 29 Norco 5/325 mg tablets with no justification or pain scale documented; four Norco tablets with no justification, pain scale, or charting; and seven with no pain reassessment charted.
 - d. Respondent removed nine Percocet 5/325 tablets with no justification and no pain scale documented and two tablets with no complaint of pain documented.
 - e. Respondent removed eight OxyLR 5 mg tablets with no justification and no pain scale documented.
- Revoked 03/26/2014

Hendrix, Christi D.
Hannibal, MO
Licensed Practical Nurse 041228

On March 22, 2012, Respondent reported to her place of employment as an LPN. Respondent smelled of alcohol and appeared to be intoxicated at approximately 0855. Respondent was then requested to, and then submitted to, an alcohol breath test. The alcohol breath test was given to respondent twice, one of which tested respondent’s blood alcohol content at .141 and the other at .157.

Revoked 03/24/2014

Jefferson, Christy Michelle
Richland, MO
Licensed Practical Nurse 2006037757

Respondent was required to complete the following module offered at Assessment Technologies Institute: Physical Assessment (Adult) and have the certificate of completion submitted to the Board by September 27, 2013. On September 16, 2013, Respondent requested from the Board an extension of the deadline by which she needed to complete all of her required continuing education classes. On October 15, 2013, Respondent was notified that the Board extended the deadline for Respondent to submit proof of completion of the required continuing education classes. The deadline to submit proof of completion for the module offered at Assessment Technologies Institute on Physical Assessment (Adult) was extended until December 31, 2013. On January 7, 2014, the Board received a letter from Respondent in which she requested a second extension, which was after the extended deadline previously granted to her by the Board. The Board never received proof of completion of the Physical Assessment (Adult) module.

Revoked 03/24/2014

King, Tasha Wadene
Oak Grove, MO
Registered Nurse 2000162293

Respondent submitted a sample for a random drug screen which tested positive for oxycodone, a controlled substance which Respondent did not have a prescription for. Respondent’s Kansas nursing license was revoked based upon the positive test for oxycodone.

Revoked 03/24/2014

Larsen, Melissa Sue
Lewistown, MO
Licensed Practical Nurse 2007030863

On or about May 12, 2011, Respondent was required to take a for-cause drug test by the administrative officials at the Nursing Home. The drug test came back positive for amphetamines. Respondent admitted to the administrative officials at the Nursing Home to taking her friend’s Adderall.

Revoked 03/26/2014

Lavender, Larry Alan
Cartersville, GA
Registered Nurse 2012004237

On October 5, 2012, Respondent pled guilty to one count of Aggravated Possession of Drugs and one count of Theft of Drugs in the Ohio Court of Common Pleas. Respondent self-administered Zofran that he had taken from a facility where he worked as a nurse. Respondent took narcotic opiates from a Hospital where he was employed. He stated that he took several Fentanyl, Morphine, and Versed containers. On November 16, 2012, the Ohio Board of Nursing suspended Respondent’s license to practice nursing as a registered nurse and as a Certified Registered Nurse Anesthetist as a result of his conduct and guilty pleas. On July 26, 2013, the Ohio State Board of Nursing indefinitely suspended Respondent’s license and Certificate.

Revoked 03/24/2014

Moon, Angela K.
Potosi, MO
Registered Nurse 137826

Respondent was employed by a Medical Center. A patient at the Center complained that she did not receive two doses of Morphine that were documented as administered to her by Respondent on January 2, 2013. Respondent

REVOCATION continued...

agreed to submit to a drug screen on January 4, 2013. Respondent tested positive for morphine. Respondent did not have a prescription for morphine. Respondent admitted that she took a 2 mg. vial of Morphine home with her from her employer and stated she “poured it in my mouth.”

Revoked 03/17/2014

Moore, Melanie Kay
Tahlequah, OK
Registered Nurse 2010040627

On May 24, 2011, Respondent entered into a Stipulation, Settlement and Order with the Oklahoma Board of Nursing. The Stipulation states that on or about August 10, 2010, Respondent, while employed as a staff nurse in the Cardiac Intensive Care Unit on the 7:00 p.m. to 7:00 a.m. shift, was reported to have impaired behavior. Respondent, when talking with the Vice President of Patient Care, displayed slurred speech and was slow to respond. Respondent was asked to submit to a drug screen and refused. Respondent admits to having a problem with controlled dangerous substances/alcohol. Respondent requested referral to the Peer Assistance Program. The Stipulated Disposition and Order stated if Respondent is not accepted into the Peer Assistance Program on or before July 28, 2011, or having been accepted, is terminated from the Program for any reason other than successful completion of Respondent’s contract and treatment plan, Respondent’s license is hereby revoked for a period of two (2) years. Respondent did not enter the Peer Assistance Program. Respondent’s Oklahoma Registered Nurse License was revoked on July 27, 2011.

Revoked 03/17/2014

Niedbalski, Kathleen W.
Saint Louis, MO
Registered Nurse 2005027251

The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of June 19, 2013; September 19, 2013; and December 19, 2013. The Board proceeded with a hearing upon a properly filed Probation Violation Complaint that Respondent failed to respond to and she was properly notified that the Board would hold a hearing on March 6, 2014.

Revoked 03/18/2014

Novak, Melinda B.
Caruthersville, MO
Licensed Practical Nurse 055876

Respondent was employed as a licensed practical nurse by a Medical Center. On December 15, 2011, Administration restricted Respondent’s access to medications, so

REVOCATION continued...

Respondent could not access or administer controlled substances. On June 15, 2012 at 1730, patient AP requested pain medication from nurse AS. Nurse AS went to the AccuDose to remove the medication and confirm when patient AP had last received pain medication to make sure administration was proper. Nurse AS discovered that two Percocet pills were withdrawn for patient AP at 1412 under Nurse AS’s name. Nurse AS did not withdraw the 1412 dose as she was in a different part of the Center. Nurse AS also discovered that Nurse SW was listed as administering the 1412 dose. Nurse AS contacted Nurse SW to discuss the 1412 dose and learned that Nurse SW did not administer any medication to patient AP at 1412. Nurse AS contacted the Centers’ administration to alert them to this discrepancy. The Center’s administration began an investigation and spoke to Nurse AS, Nurse SW, and patient AP. Nurse AS confirmed that she did not withdraw Percocet at 1412. Nurse SW confirmed that she did not administer Percocet at 1412. Patient AP stated that she received one Percocet pill at 1412 from Respondent. The Center’s administration spoke to Respondent and Respondent admitted that she used Nurse AS’s password to access the AccuDose and administered the Percocet medication at 1412.

Revoked 03/17/2014

Peters, Daniel Lee
Camdenton, MO
Licensed Practical Nurse 2011013150

On June 21, 2012, an investigation began by officials into respondent’s conduct in reference to neurological checks he had allegedly performed on a resident during his shift while working there. The investigation of respondent revealed that respondent had failed to do any neurological assessments on a resident that were required that day, and had falsified the results thereof by recording they were done when they were not, because when records were checked at 3:00 p.m. on June 21, Respondent had charted that the neurological assessments were all done through 7:00 p.m. that same night, an impossibility. After Respondent had left the facility that day, a narcotics count was done in which it was discovered that three doses of Oxycodone pills (total of six pills) and four doses of Norco pills (total of eight (8) pills) were missing, and after the previous narcotic count had been done earlier that morning, the only person with access to the narcotics was Respondent. Respondent stole these narcotics from the facility and diverted them for his own consumption.

Revoked 03/24/2014

Revocation continued on page 16

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Revocation continued from page 15

Pona, Tammy S.
De Soto, MO
Registered Nurse 120495
COUNT I

In December 2011, Respondent had removed medication to be destroyed from the floor and placed it in her locked desk. At this time, Respondent was informed this violated policy. On January 9, 2012, it was discovered that sixty Percocet tablets on a cardboard card for resident SI were missing from a locked narcotic box. On January 14, 2012, it was discovered that sixty Hydrocodone for resident MG were missing. On January 17, 2012, it was discovered that sixty Hydrocodone for resident PH were missing. Respondent’s desk was searched on January 17, 2012. Inside a drawer in Respondent’s desk (which had been locked by Respondent) and which lock had to be “popped” open to gain admittance, the director of nursing (CM) found:

- a. A narcotic count sheet for SI that indicated ten tablets of Oxycontin should have been left, however the cardboard card of medication with actual tablets was not found;
- b. A narcotic count sheet for SI for Alprazolam tablets with twenty-nine tablets remaining on the count sheet and actual tablets on the cardboard card of medication;
- c. A narcotic count sheet for SI containing 1 mg Alprazolam tablets with a thirty count on both the count sheet and actual tablets on the cardboard card of medication;
- d. A bag with a carpject (syringe) for patient DM containing Diazepam with the count sheet indicating one carpject and with one carpject found in the bag.

On January 18, 2012, Respondent was asked to submit a sample for a drug screen. The sample Respondent provided was returned and tested positive for methamphetamine and oxycodone. Respondent admitted to the Potosi Police Department that she diverted medication for her own use and consumption. Respondent admitted that she had been taking medications since mid-December 2011.

REVOCATION continued...

COUNT II
On April 13, 2012, Respondent removed two hydrocodone tablets at 09:32 and two oxycodone tablets at 11:21 for patient CH. None of the pills were charted as administered or wasted. On April 13, 2012, Respondent removed two hydrocodone tablets at 18:24 for patient LK. Neither one of the pills were charted as administered or wasted. On April 13, 2012, Respondent removed two oxycodone tablets at 013:43 and two oxycodone tablets at 18:47 for patient JM. None of the pills were charted as administered or wasted. On April 13, 2012, Respondent removed two oxycodone tablets at 14:04 for patient LR. Neither of the pills were charted as administered or wasted. On April 13, 2012, Respondent removed two oxycodone tablets at 15:32 for patient DSL. Neither of the pills were charted as administered or wasted. On April 13, 2012, Respondent removed two oxycodone tablets at 14:04 and two oxycodone tablets at 17:17 for patient JS. None of the pills were charted as administered or wasted.
Revoked 03/18/2014

Wendt, Ashley Katherine
Independence, MO
Registered Nurse 2010034495

On July 14, 2011 Respondent tested positive for Opiates, Hydrocodone and Oxycodone after being sent for a drug screen while on duty as requested by her employer. Respondent did not have a valid prescription for Hydrocodone or Oxycodone. Respondent was placed on leave. This came about because of her admission of diverting Oxycodone and Oxycodone-combination products for her own personal use and consumption while on duty. Respondent returned to work on August 26, 2011 and was closely monitored. On October 25, 2011 at 2015 Respondent wrote a telephone order per Dr. R on the Physician Orders Sheet on patient SE for “Oxycodone 15 mg one to two tablets every 6 hours via NG tube PRN med-severe pain and to DC Morphine.” Dr. R gave this order to the Respondent. At or near the same time on October 25, 2011, at 2015, Respondent falsified and altered the above physician orders by falsely writing a telephone order per Dr. R on the Physician Orders Sheet on patient SE for “Oxycodone 15 mg one to two tablets every 2-3 hours via NG tube PRN med-severe pain and to DC Morphine.” Dr. R did not give this Order to the Respondent. On October 26, 2011 at 0615 Respondent falsely wrote a telephone order per Dr. R on the same order sheet as the order mentioned in paragraph number 14 above to “Change the frequency of Oxycodone to every 6 hours PRN pain-dose remains the same at 15 mg 1-2 tabs per NG tube.” Dr. R did not give this Order to the Respondent. On October 25, 2011, Respondent removed Oxycodone 15mg tablet for SE two tablets at 2057; one tablet at 2258; one tablet at 2332; and on October 26, 2011, Respondent removed Oxycodone 15mg tablet two tablets at 0208; two tablets at 0424; and two tablets at 0625.

REVOCATION continued...

On October 26, 2011, at 2145, Respondent falsely wrote a telephone order per Dr. K on the Physician’s Orders Sheet on patient SE to “Change frequency of Oxycodone dose to every 2 hours - dose of 15-30 mg remains the same. Consult pain management in the AM.” Dr. K did not give this order to the Respondent.

On October 26, 2011, Respondent removed Oxycodone 15mg tablet for SE, two tablets at 1937 and two tablets at 2211. Respondent documented on October 25, 2011 and October 26, 2011, that she administered the Oxycodone mentioned in paragraphs 15 and 17 to SE per a tube. However, this was an impossibility since SE did not have a tube and it was not documented by Respondent or anyone else that SE had a tube at that time. Respondent was drug-tested while on duty due to reasonable suspicion/cause by on October 27, 2011, as a result of the above events and respondent initially denied any diversion. The drug screen was positive for Oxycodone and Tramadol both of which respondent alleged she had a prescription for, but never produced any prescription to the Center.
Revoked 03/24/2014

Wilson, Laura Magdalen
San Antonio, TX
Registered Nurse 2002018112

Respondent diverted hydrocodone and oxycodone from her employer for her personal consumption. Respondent admitted to having worked while under the influence of controlled substances. Therefore her Privilege To Practice in the State of Missouri has been revoked.
Revoked 03/24/2014

VOLUNTARY SURRENDER

Beaty, Kathy E.
West Plains, MO
Licensed Practical Nurse 024063

On May 21, 2014, Licensee voluntarily surrendered her Missouri nursing license.
Voluntary Surrender 05/21/2014

Blazier, Connie S.
Belleville, IL
Registered Nurse 126179

Licensee admitted in a Consent Order she signed with the Department of Financial and Professional Regulation of the State of Illinois, that Licensee admitted to the use of cocaine following a mandatory screen regarding alleged discrepancies of administration of controlled substance administration while employed as a registered nurse at a medical center in Illinois. Licensee’s Illinois nursing license was placed on Indefinite Probation, for a minimum

Voluntary Surrender continued on page 17

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period of three years, beginning on August 14, 2012. Possession of controlled substances, including cocaine, is a violation of the drug laws in Illinois and Missouri. Licensee's Missouri nursing license was approved for renewal on April 12, 2013. On Licensee's renewal application, she answered No to the question "[s]ince you last renewed, have you had any professional license, certification, registration, or permit revoked, suspended, placed on probation, or otherwise subject to any type of disciplinary action?" Licensee filled out the Missouri nursing license renewal application after her Illinois nursing license was placed on probation.
Voluntary Surrender 04/29/2014

Campbell, Karolyn A.
Bonne Terre, MO
Registered Nurse 145291
Respondent stated that she took her prescription Valium on May 13, 2008, and then went to work. Her employer sent her home after she was there for approximately thirty (30) minutes because she was having trouble staying awake and she tested positive for benzodiazepines. She drove home from work, but was falling asleep while driving. She was pulled over and arrested for driving while intoxicated and careless and imprudent driving. A drug test revealed that Licensee was positive for carisoprodol, mebromate (a metabolite of carisoprodol), citalopram, diazepam and nordiazepam (a metabolite of diazepam). On November 10, 2009, Licensee pled guilty to the class B misdemeanor of driving while intoxicated - drug intoxication.
Voluntary Surrender 04/10/2014

Feeney, Tracie M.
Springfield, MO
Licensed Practical Nurse 048164
On January 7, 2013, seven (7) doses of Ambien were discovered missing from the hospital. A facility wide count of Ambien was performed and thirty-four (34) additional doses of Ambien were discovered to be missing. On January 12, 2013, Licensee was discovered administering medication to skilled care residents when she was assigned to long term care residents for that shift. Licensee's co-workers had been reporting that Licensee was hovering around med carts and assisting with medication passes when help was not needed. On January 13, 2013, Licensee was requested to submit a sample for a for cause drug screen. Licensee admitted to the hospital administrators that the drug screen would be positive for opiates, and admitted that she had taken some medications from the facility. The results of the drug screen for Licensee's sample were positive for opiates, specifically morphine. Licensee later admitted to the Board's investigator that she had diverted MS Contin, Oxycodone, Ambien, and Roxanol from the hospital for her own personal use. Licensee admitted to taking medication from residents at the hospital.
Voluntary Surrender 04/10/2014

Gauld, Sarah Elizabeth
Independence, MO
Registered Nurse 2009016711
On August 29, 2012 in the middle of the day, Licensee was found having seizure activity and was in respiratory arrest in the staff bathroom. It was noted that there were trickles of blood on her right arm and a puncture wound. An empty vial of 250 mcg of fentanyl was found in licensee's pocket. This fentanyl was signed out to a patient. Bloody tissue paper was found in the trashcan. Also found in the trashcan were three syringes, an empty vial of 250 mcg of fentanyl, an empty vial of Lidocaine, and several needles. The items discovered in the trashcan were wadded up in toilet paper. From June 1, 2012 through August 29, 2012, of the thirty-eight (38) total pulls of 250 mcg fentanyl, Licensee pulled the medication thirty-four (34) times. Licensee failed to properly scan the medication on all thirty-four (34) pulls.
Voluntary Surrender 04/10/2014

Grover, Nancy M.
Robinson, IL
Registered Nurse 084181
In a consent agreement with the Ohio Board of Nursing, Licensee admitted that while working as a nurse assigned to a hospital, in Ohio, on December 3, 2009, Licensee was administered a breath alcohol test and tested positive for alcohol.
Voluntary Surrender 03/05/2014

Hausman, Gay
Alton, IL
Registered Nurse 072775
On August 4, 2011 on patient CS Vicoden was listed under medications at 1306 with no

Voluntary Surrender continued on page 18



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Voluntary Surrender continued from page 17

amount, or whom it was “administered by” documented. Licensee documented at 1310 that PO (by mouth) medication was given. CS did not have an order for Vicoden or for PO pain medication. On August 9, 2011 at 1156 on LT Licensee documented Oxycodone PO with no amount documented. There is no record of Licensee withdrawing the medication. An order for Vicoden was not noted until 1445 on August 9, 2011 for LT. On August 31, 2011 at 1202 Licensee withdrew four Hydrocodone for AJ. Licensee did not document the administration of Hydrocodone under Medications. Licensee documented in the nurse’s notes at 1210 that “PO pain med given.” On August 6, 2011 Licensee withdrew Dilaudid and Percocet for DT. Licensee documented the administration of Percocet at 1530. Licensee did not document the administration or waste of the Dilaudid. On September 7, 2011 Licensee documented the administration of a pain medication in the Nurses’ Notes at 1100; Licensee did not document the administration of a medication under the Medications. August 12, 2011 for KC at 1423 Percocet was documented under Medications, the amount and who administered was not documented. No documentation of PO medication administration is in the Nurse’s Notes. On August 18, 2011 on BN, Licensee charted in the Nurse’s Notes “PO pain med give;” Licensee did not chart the administration of the Vicoden under the Medication section. On August 24, 2011, Licensee removed oxycodone on RH. Licensee did not document the administration of the oxycodone in the Nurse’s Notes nor under the Medication section. On September 6, 2011 on RH, Licensee documented the administration of Percocet. Licensee did not document the amount administered. On August 6,

VOLUNTARY SURRENDER continued...

2011 on SB, Licensee documented withdrawing Vicoden. Licensee did not document the amount given or who it was administered to or that it was wasted. On August 17, 2011 on BM, Licensee documented withdrawing Percocet. Licensee did not document the amount or who it was administered to or that it was wasted. On September 28, 2011 Licensee’s drug screen was positive for Marijuana metabolites with Oxymorphone present.
Voluntary Surrender 03/19/2014

Larson, Maureen A.
Gallatin, MO
Licensed Practical Nurse 2008015191
Licensee admitted to diverting Prozac from her employer.
Voluntary Surrender 03/28/2014

Marshall, Jennifer Lea
Blue Springs, MO
Licensed Practical Nurse 2004026206
Licensee surrendered her nursing license on 5/7/2014.
Voluntary Surrender 05/07/2014

Slinger, Virginia M.
Festus, MO
Registered Nurse 086018
Respondent admitted to an investigator of the Board of Nursing that she was diverting Nubain from a health center. Respondent admitted that she injected herself with Nubain while working as a registered professional nurse. Respondent admitted that she had been diverting and injecting herself with Nubain while at work for about eight (8) months. She last diverted Nubain and injected herself while working as a registered professional nurse at a health center on April 6, 2012. Respondent admitted that she would sometimes use Nubain 10 mg. twice during her shift as a registered professional nurse, but denied she did this every time she worked her shift as a registered professional nurse.
Voluntary Surrender 03/28/2014

Snider, Shelley Ann
Curryville, MO
Registered Nurse 2002005179
On January 14, 2013, Licensee pled guilty to the class C felony of forgery.
Voluntary Surrender 04/08/2014

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☐ ALTERNATE PHONE

☐ EMail

☐ RN

☐ APRN

☐ LPN

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NAME AS CURRENTLY IN OUR SYSTEM

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First Name (Printed)

NEW INFORMATION

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First Name

Middle Name

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Daytime Telephone Number

Alternate Phone Number

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